



Facility Name & ID Number Manorcare of Palos Hts East

# 0049478 Report Period Beginning: 06/01/14 Ending: 05/31/15

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	184	Skilled (SNF)	184	67,160	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	184	TOTALS	184	67,160	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	6,772	2,029	50,219	59,020	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	6,772	2,029	50,219	59,020	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 87.88%

D. How many bed-hold days during this year were paid by the Department?

0 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.

(E.g., day care, "meals on wheels", outpatient therapy)

None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?

YES  NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES  NO

I. On what date did you start providing long term care at this location?

Date started 06/02/88

J. Was the facility purchased or leased after January 1, 1978?

YES  Date 04/07/11 NO

K. Was the facility certified for Medicare during the reporting year?

YES  NO  If YES, enter number of beds certified 184 and days of care provided 41,247

Medicare Intermediary Novitas Solutions

IV. ACCOUNTING BASIS

ACCRUAL  MODIFIED CASH\*  CASH\*

Is your fiscal year identical to your tax year? YES  NO

Tax Year: 12/31 Fiscal Year: 5/31

\* All facilities other than governmental must report on the accrual basis.

Facility Name &amp; ID Number

Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14

Ending:

05/31/15

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	265,357	39,321	170,511	475,189		475,189	475,189			1
2	Food Purchase		455,133		455,133		455,133	(975)	454,158		2
3	Housekeeping	231,066	43,606	692	275,364		275,364		275,364		3
4	Laundry	77,640	30,591		108,231		108,231		108,231		4
5	Heat and Other Utilities			314,353	314,353	4,345	318,698		318,698		5
6	Maintenance	81,252	20,233	109,717	211,202		211,202		211,202		6
7	Other (specify):* <b>Med Waste</b>			1,909	1,909		1,909		1,909		7
8	<b>TOTAL General Services</b>	655,315	588,884	597,182	1,841,381	4,345	1,845,726	(975)	1,844,751		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			27,750	27,750		27,750		27,750		9
10	Nursing and Medical Records	5,352,977	421,387	188,213	5,962,577	14,802	5,977,379		5,977,379		10
10a	Therapy	4,223,925	24,551	14,399	4,262,875		4,262,875		4,262,875		10a
11	Activities	121,864	9,945	3,300	135,109		135,109	(31)	135,078		11
12	Social Services	289,256			289,256		289,256		289,256		12
13	CNA Training										13
14	Program Transportation										14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	9,988,022	455,883	233,662	10,677,567	14,802	10,692,369	(31)	10,692,338		16
	<b>C. General Administration</b>										
17	Administrative	199,953		1,099,102	1,299,055	(493,381)	805,674		805,674		17
18	Directors Fees										18
19	Professional Services			27,302	27,302		27,302	(27,302)			19
20	Dues, Fees, Subscriptions & Promotions			164,288	164,288		164,288	(55,529)	108,759		20
21	Clerical & General Office Expenses	562,354	102,899	361,781	1,027,034		1,027,034	(226,589)	800,445		21
22	Employee Benefits & Payroll Taxes			1,634,486	1,634,486	80,447	1,714,933		1,714,933		22
23	Inservice Training & Education			189	189		189		189		23
24	Travel and Seminar			10,641	10,641		10,641		10,641		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			1,017,216	1,017,216		1,017,216		1,017,216		26
27	Other (specify):*							(1,097)	(1,097)		27
28	<b>TOTAL General Administration</b>	762,307	102,899	4,315,005	5,180,211	(412,934)	4,767,277	(310,517)	4,456,760		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	11,405,644	1,147,666	5,145,849	17,699,159	(393,787)	17,305,372	(311,523)	16,993,849		29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			604,200	604,200	28,727	632,927		632,927			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			5,055,771	5,055,771	365,060	5,420,831	(5,063,276)	357,555			32
33	Real Estate Taxes			512,417	512,417		512,417		512,417			33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			54,502	54,502		54,502		54,502			35
36	Other (specify):*											36
37	<b>TOTAL Ownership</b>			6,226,890	6,226,890	393,787	6,620,677	(5,063,276)	1,557,401			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		1,229,995		1,229,995		1,229,995		1,229,995			39
40	Barber and Beauty Shops			25,284	25,284		25,284		25,284			40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			196,428	196,428		196,428		196,428			42
43	Other (specify):* <b>IV Therapy/X-Ray/Lab</b>		167,704	258,013	425,717		425,717		425,717			43
44	<b>TOTAL Special Cost Centers</b>		1,397,699	479,725	1,877,424		1,877,424		1,877,424			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	11,405,644	2,545,365	11,852,464	25,803,473		25,803,473	(5,374,799)	20,428,674			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**VI. ADJUSTMENT DETAIL**

**A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.**

**In column 2 below, reference the line on which the particular cost was included. (See instructions.)**

		1	2	3	
	<b>NON-ALLOWABLE EXPENSES</b>	<b>Amount</b>	<b>Refer- ence</b>	<b>BHF USE ONLY</b>	
1	Day Care	\$	10	\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(975)	2		4
5	Telephone, TV & Radio in Resident Rooms		21		5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation		30		9
10	Interest and Other Investment Income		32		10
11	Discounts, Allowances, Rebates & Refunds	(24)	21		11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(77)	21		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)	(1,097)	27		16
17	Non-Care Related Fees				17
18	Fines and Penalties	(5,172)	21		18
19	Entertainment				19
20	Contributions		21		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(15,022)	19		22
23	Malpractice Insurance for Individuals		25		23
24	Bad Debt	(219,932)	21		24
25	Fund Raising, Advertising and Promotional	(55,529)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule Page 5a	(5,076,971)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (5,374,799)		\$	30

<b>BHF USE ONLY</b>						
48		49		50		51
						52

**B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)**

		1	2	
		<b>Amount</b>	<b>Reference</b>	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (5,374,799)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

**C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)**

		1	2	3	4	
		<b>Yes</b>	<b>No</b>	<b>Amount</b>	<b>Reference</b>	
38	Medically Necessary Transport.		X	\$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

Manorcare of Palos Hts East

ID# 0049478

Report Period Beginning: 06/01/14

Ending: 05/31/15

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	Activity Income	\$ (31)	11	1
2	Misc. Income		21	2
3	Vending Income	(1,449)	21	3
4	Accounting/Collection Fees	(12,215)	19	4
5	Collection Agency		19	5
6	Loss on Disposal of Fixed Asset		36	6
7	HCP Lease Interest	(5,063,276)	32	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32

33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	<b>Total</b>	(5,076,971)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14

Ending:

05/31/15

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	SUMMARY										
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	TOTALS	
													(to Sch V, col.7)	
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(975)	0	0	0	0	0	0	0	0	0	0	(975)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	<b>TOTAL General Services</b>	<b>(975)</b>	<b>0</b>	<b>(975)</b>	<b>8</b>									
	<b>B. Health Care and Programs</b>													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(31)	0	0	0	0	0	0	0	0	0	0	(31)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	CNA Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	<b>TOTAL Health Care and Programs</b>	<b>(31)</b>	<b>0</b>	<b>(31)</b>	<b>16</b>									
	<b>C. General Administration</b>													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(27,237)	0	0	0	0	0	0	0	0	0	0	(27,237)	19
20	Fees, Subscriptions & Promotions	(55,529)	0	0	0	0	0	0	0	0	0	0	(55,529)	20
21	Clerical & General Office Expenses	(226,654)	0	0	0	0	0	0	0	0	0	0	(226,654)	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	(1,097)	0	0	0	0	0	0	0	0	0	0	(1,097)	27
28	<b>TOTAL General Administration</b>	<b>(310,517)</b>	<b>0</b>	<b>(310,517)</b>	<b>28</b>									
29	<b>TOTAL Operating Expense</b> <b>(sum of lines 8,16 &amp; 28)</b>	<b>(311,523)</b>	<b>0</b>	<b>(311,523)</b>	<b>29</b>									

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14 Ending:

05/31/15

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(5,063,276)	0	0	0	0	0	0	0	0	0	0	(5,063,276)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	<b>TOTAL Ownership</b>	<b>(5,063,276)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(5,063,276)</b>	<b>37</b>
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	<b>TOTAL Special Cost Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>44</b>
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(5,374,799)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(5,374,799)</b>	<b>45</b>

**VII. RELATED PARTIES**

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
HCR Manor Care, LLC	100			HCR Manor Care Svc	Toledo	Home Office
				HL Empl Svcs, LLC	Toledo	Personnel
				HL Rehab Svcs, LLC	Toledo	Therapy Mgmt Svcs
				HL Rehab Svcs, LLC	Toledo	Therapy Services
				HL Home Health Care	Toledo	Nursing Staff

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.  YES  NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	See Home Office Allocation	\$ 1,099,102	HCR Manor Care Services, LLC	100.00%	\$ 1,099,102	\$	1
2	V	Page 8						2
3	V							3
4	V	1-44 Personnel	11,405,644	Heartland Employment Services, LLC	100.00%	11,405,644		4
5	V	10a Therapy Management	19,213	Heartland Rehabilitation Services, LLC	100.00%	19,213		5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 12,523,959			\$ 12,523,959	\$ *	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number

Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14

Ending:

05/31/15

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1								1
2			Heartland of Canton IL, LLC	Canton				2
3			Heartland of Decatur IL, LLC	Decatur				3
4			Heartland of Galesburg IL, LLC	Galesburg				4
5			Heartland of Henry IL, LLC	Henry				5
6			Heartland of Macomb IL, LLC	Macomb				6
7			Heartland of Moline IL, LLC	Moline				7
8			Heartland of Normal IL, LLC	Normal				8
9			Heartland of Paxton IL, LLC	Paxton				9
10			Heartland of Peoria IL, LLC	Peoria				10
11			Heartland-Riverview of East Peoria IL, LLC	East Peoria				11
12			Manor Care at Arlington Heights	Arlington Heights				12
13			Manor Care of Elgin IL, LLC	Elgin				13
14			Manor Care of Elk Grove Village IL, LLC	Elk Grove Village				14
15			Manor Care - Highland Park	Highland Park				15
16			Manor Care of Hinsdale IL, LLC	Hinsdale				16
17			Manor Care of Homewood IL, LLC	Homewood				17
18			Manor Care of Kankakee IL, LLC	Kankakee				18
19			Manor Care of Libertyville IL, LLC	Libertyville				19
20			Manor Care of Naperville IL, LLC	Naperville				20
21			Manor Care of Northbrook IL, LLC	Northbrook				21
22			Manor Care of Oak Lawn (East) IL, LLC	Oak Lawn				22
23			Manor Care of Oak Lawn (West) IL, LLC	Oak Lawn				23
24			Manor Care of Palos Heights (West) IL, LLC	Palos Heights				24
25			Manor Care of Rolling Meadows IL, LLC	Rolling Meadows				25
26			Manor Care of South Holland IL, LLC	South Holland				26
27			Manor Care of Westmont IL, LLC	Westmont				27
28			Manor Care of Wilmette IL, LLC	Wilmette				28
29			Arden Courts of Elk Grove Village IL, LLC	Elk Grove Village				29
30			Arden Courts of Geneva IL, LLC	Geneva				30

Facility Name & ID Number

Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14

Ending:

05/31/15

VII. RELATED PARTIES

A. (Continued) Enter below the names of ALL owners and related organizations (parties) as defined in the instructions.

	1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES			
	Name	Ownership %	Name	City	Name	City	Type of Business	
1			Arden Courts of Glen Ellyn IL, LLC	Glen Ellyn				1
2			Arden Courts of Hazel Crest IL, LLC	Hazel Crest				2
3			Arden Courts of Northbrook IL, LLC	Northbrook				3
4			Arden Courts of Palos Heights IL, LLC	Palos Heights				4
5			Arden Courts of South Holland IL, LLC	South Holland				5
6			Heartland of Champaign IL, LLC	Champaign				6
7								7
8								8
9								9
10								10
11								11
12								12
13								13
14								14
15								15
16								16
17								17
18								18
19								19
20								20
21								21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

1	2	3	4	5	6		7		8	9
					Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**			
Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Hours	Percent	Description	Amount	Schedule V. Line & Column Reference	
1	N/A							\$		1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13							TOTAL	\$		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14

Ending: 05/31/15

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES  NO

Name of Related Organization HCR Manor Care Services LLC  
 Street Address 333 North Summitt Street  
 City / State / Zip Code Toledo, OH 43604-2617  
 Phone Number ( 419) 252-5500  
 Fax Number ( 419) 254-5495

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	5	Utilities - Pooled	Accumulated Cost	564 NFs, HHs, & R	\$ 700,139		24,633,080	\$ 4,345	1
2	5	Utilities - Direct to all SNFs	Accumulated Cost	356 NFs			24,633,080	0	2
3	5	Utilities - Direct to Western Div S	Accumulated Cost	45 NFs			24,633,080	0	3
4	10	Nursing - Pooled	Accumulated Cost	564 NFs, HHs, & R	365,628	262,581	24,633,080	2,269	4
5	10	Nursing - Direct to all SNFs	Accumulated Cost	356 NFs	1,781,417	1,228,977	24,633,080	12,533	5
6	10	Nursing - Direct to Western Div S	Accumulated Cost	45 NFs			24,633,080	0	6
7	17	Gen & Admin - Pooled	Accumulated Cost	564 NFs, HHs, & R	68,653,771	35,393,585	24,633,080	426,053	7
8	17	Gen & Admin - Direct to all SNFs	Accumulated Cost	356 NFs	12,665,127	2,400,695	24,633,080	89,103	8
9	17	Gen & Admin-Direct to MW Div	Accumulated Cost	40 NFs Jan-Sept	1,411,275		18,474,810	75,171	9
10	17	Gen & Admin - Direc toW Div SN	Accumulated Cost	45 NFs Oct-Dec	536,860		6,158,270	15,394	10
11	22	Employee Ben - Pooled	Accumulated Cost	564 NFs, HHs, & R	5,418,631		24,633,080	33,627	11
12	22	Employee Ben - Direct to SNFs	Accumulated Cost	356 NFs	6,655,045		24,633,080	46,820	12
13	22	Employee Ben - Direct to W Div S	Accumulated Cost	45 NFs			24,633,080	0	13
14	30	Deprec - Pooled	Accumulated Cost	564 NFs, HHs, & R	3,871,414		24,633,080	24,025	14
15	30	Deprec - Direct to all SNFs	Accumulated Cost	356 NFs	668,272		24,633,080	4,702	15
16	30	Deprec - Direct to W Div SNFs	Accumulated Cost	45 NFs			24,633,080	0	16
17									17
18									18
19	32	Pooled Interest	Accumulated Cost		25,971,677		24,633,080	161,175	19
20	32	Directly Assigned Interest	Not Allocated		17,184,434			203,885	20
21									21
22	24	H/O costs Allocated to non-SNF & Other Divisions			33,870,689				22
23									23
24									24
25	TOTALS				\$ 179,754,380	\$ 39,285,837		\$ 1,099,102	25

Facility Name & ID Number

Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

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Ending:

05/31/15

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1	Name of Lender	2		3	4	5	6		8	9	10						
		Related**					Purpose of Loan	Monthly Payment Required				Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO										Original	Balance			
	<b>A. Directly Facility Related</b>																
	<b>Long-Term</b>																
1	Conv. Sub Debentures		X				\$ 3,102,852	\$ 3,102,852		0.0657	\$ 203,885						
2																	
3																	
4																	
5																	
	<b>Working Capital</b>																
6																	
7	Pooled Interest										161,175						
8	Interest Expense / Interest Income										(7,505)						
9	<b>TOTAL Facility Related</b>						\$ 3,102,852	\$ 3,102,852			\$ 357,555						
	<b>B. Non-Facility Related*</b>																
10																	
11																	
12																	
13																	
14	<b>TOTAL Non-Facility Related</b>						\$	\$			\$						
15	<b>TOTALS (line 9+line14)</b>						\$ 3,102,852	\$ 3,102,852			\$ 357,555						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line # \_\_\_\_\_

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

		<b>Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.</b>			
1. Real Estate Tax accrual used on 2014 report.		\$	<u>375,642</u>	1	
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$	<u>432,513</u>	2	
3. Under or (over) accrual (line 2 minus line 1).		\$	<u>56,871</u>	3	
4. Real Estate Tax accrual used for 2015 report. (Detail and explain your calculation of this accrual on the lines below.)		\$	<u>454,830</u>	4	
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>		\$	<u>23,273</u>	5	
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ <u>22,556</u> For <u>11</u> Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>		\$	<u>(22,556)</u>	6	
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$	<u>512,417</u>	7	
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:	2010	<u>298,623</u>	8	<b>FOR BHF USE ONLY</b>	
	2011	<u>380,092</u>	9	13	FROM R. E. TAX STATEMENT FOR 2014 \$ 13
	2012	<u>415,661</u>	10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	2013	<u>426,533</u>	11	15	LESS REFUND FROM LINE 6 \$ 15
	2014	<u>486,651</u>	12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16
<b>Line 2: \$432,512.93 = \$197,919.65 for 2nd half 2013 + \$234,593.28 for 1st half 2014</b>					
<b>Line 4: \$454,829.76 = \$252,058.09 for 2nd half 2014 + \$202,771.67 for Jan - May 2015</b>					
<b>Line 5: \$23,272.53=\$122.01 Worssek &amp; Vihon -2012 appeal;\$3,506.88 Urban-2014 Apprl Svcs; \$14,220.40 Worssek &amp; Vihon 2014 Assesemt appeal; \$5,423.24 Worssek &amp; Vihon 2001 Spec Obj</b>					
<b>Line 6: (\$22,556.22) = 2011 RE Tax Appeal refund - Maria Pappas.</b>					

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

## 2014 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Manorcare of Palos Hts East COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0049478

CONTACT PERSON REGARDING THIS REPORT Jeff Lewandowski

TELEPHONE (419) 252-5736 FAX #: (419) 254-5495

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2014 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2014.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>23-24-300-330-0000</u>	<u>See Attached</u>	\$ <u>666,098.23</u>	\$ <u>486,651.37</u>
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____
5. _____	_____	\$ _____	\$ _____
6. _____	_____	\$ _____	\$ _____
7. _____	_____	\$ _____	\$ _____
8. _____	_____	\$ _____	\$ _____
9. _____	_____	\$ _____	\$ _____
10. _____	_____	\$ _____	\$ _____
<b>TOTALS</b>		\$ <u><u>666,098.23</u></u>	\$ <u><u>486,651.37</u></u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?         X     YES                NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the original 2014 tax bills which were listed in Section A to this statement. Be sure to use the 2014 tax bill which is normally paid during 2015.

**PLEASE NOTE:** *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation* . Facilities located in Cook County are required to provide copies of their original **second installment** tax bill.

**X. BUILDING AND GENERAL INFORMATION:**

A. Square Feet: 73,335 B. General Construction Type: Exterior Masonry Frame Steel Number of Stories 3

C. Does the Operating Entity?  (a) Own the Facility  (b) Rent from a Related Organization.  (c) Rent from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity?  (a) Own the Equipment  (b) Rent equipment from a Related Organization.  (c) Rent equipment from Completely Unrelated Organization.  
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

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F. Does this cost report reflect any organization or pre-operating costs which are being amortized?  YES  NO  
 If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
 3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

**XI. OWNERSHIP COSTS:**

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<u>Facility</u>		<u>1988</u>	<u>\$ 600,191</u>	1
2					2
3	<b>TOTALS</b>			<b>\$ 600,191</b>	3

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14

Ending:

05/31/15

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1	2	3	4	5	6	7	8	9		
	Beds*	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4	144			1988	\$ 4,355,326	\$ 169,736		\$ 169,736	\$	\$ 3,851,630	4
5	30			1990	1,063,606						5
6				1990	(10,000)						6
7	10			2011							7
8											8
	<b>Improvement Type**</b>										
9	<b>Current Year Depreciation</b>					238,891		238,891		3,820,062	9
10				1988	203,173						10
11				1989	47,755						11
12				1990	43,288						12
13				1991	135,227						13
14				1992	55,270						14
15				1993	67,665						15
16				1994	68,557						16
17				1995	133,690						17
18				1996	183,199						18
19				1997	242,019						19
20				1998	203,466						20
21				1999	28,991						21
22				2000	128,063						22
23				2001	91,487						23
24		LAUNDRY/KITCHEN EYE WASH		2002	2,250						24
25		VINYL WALLCOVERING, PAINT, & CARPET		2002	9,566						25
26		MAGNOLIA TREE		2002	550						26
27		ROOFING		2002	7,686						27
28		WALLCOVERING		2002	3,346						28
29		DOOR - EMPLOYEE ENTERANCE		2002	1,487						29
30		VCT FLOORING		2002	970						30
31		WINDOW TREATMENTS		2002	3,633						31
32		HAND RAILS		2002	4,716						32
33		ELETRICAL WORK		2002	1,868						33
34		DOOR - HOLLOW METAL		2003	1,026						34
35		VCT FLOORING - ADDITIONAL		2003	16						35
36		CARPET		2003	3,486						36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14

Ending:

05/31/15

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	WALLCOVERING	2003	\$ 124	\$		\$	\$	\$	37
38	CARPET	2003	9,521						38
39	KITCHEN DOORS	2003	3,140						39
40	CONSTRUCTION DEPARTMENT COST & INTEREST	2003	8,788						40
41	WALLCOVERING, BORDERS, & PAINTING	2003	88,476						41
42	CARPETING	2003	13,008						42
43	ELETRICAL WORK	2003	5,081						43
44	SIGNAGE	2003	3,423						44
45	SEALING & PATCHING PARKING LOT	2003	15,985						45
46	DUMPSTER GATE	2003	1,076						46
47	FENCE	2004	8,387						47
48	Electric to new rooftop exhaust fan	2004	1,079						48
49	Renov. - Construction Dept. Overhead Costs & Interest	2004	13,149						49
50	Renov. - Painting	2004	39,543						50
51	Renov. - Wallcovering & Corner Guards	2004	15,082						51
52	Renov. - Carpentry	2004	17,490						52
53	Renov. - Electrical	2004	1,934						53
54	Renov. - Doors	2004	2,947						54
55	Flooring	2004	3,635						55
56	Reconstruct - Move Walls, Plumbing, Elctric to enlarge resident ro	2004	853,768						56
57	Reconstruct - Architect & Engineering Costs	2004	77,920						57
58	Reconstruct - Construction Dept. Overheard Costs & Interest	2004	140,129						58
59	Reconstruct - Permit Fees	2004	24,199						59
60	Reconstruct - Millwork	2004	9,671						60
61	Reconstruct - Plumbing	2004	1,316						61
62	Reconstruct - Carpeting	2004	26,289						62
63	Reconstruct - Wallcovering & Corner Guards	2004	9,204						63
64	Reconstruct - Water & Sewer Work	2004	167						64
65	Concrete Pad at main entrance	2004	3,040						65
66	Prox Readers & Electric Strikes for Court Yard Doors	2005	3,970						66
67	Retirement 8-2004 - Door Alarm (asset # 179)	1989	(1,061)						67
68	Retirement 8-2004 - Door Alarm (asset #435)	1992	(1,218)						68
69		2005	11,265						69
70	TOTAL (lines 4 thru 69)		\$ 8,491,909	\$ 408,627		\$ 408,627	\$	\$ 7,671,692	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14

Ending:

05/31/15

**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12A, Carried Forward</b>		\$ 8,491,909	\$ 408,627		\$ 408,627	\$	\$ 7,671,692	1
2	<b>EXTERIOR PAINTING</b>	2005	18,189						2
3	<b>3 HOLLOW METAL DOORS</b>	2005	4,655						3
4	<b>generator wiring</b>	2006	4,073						4
5	<b>emergency light</b>	2006	924						5
6	<b>wallcovering</b>	2006	1,044						6
7	<b>electrical</b>	2006	2,240						7
8	<b>kitchen door</b>	2006	3,265						8
9	<b>renov - wallcovering</b>	2006	32,322						9
10	<b>fire rated door</b>	2006	12,592						10
11	<b>kitchen wall / flooring</b>	2006	17,880						11
12	<b>kitchen wall / flooring</b>	2006	4,950						12
13	<b>roof replacement</b>	2006	152,782						13
14	<b>additional roof replacement</b>	2006	13,210						14
15	<b>flooring in shower stalls</b>	2007	21,105						15
16	<b>Electrical wrok in mechanical room</b>	2007	4,246						16
17	<b>12 resident room doors</b>	2007	40,380						17
18	<b>Renov - General Contractor</b>	2009	591,269						18
19	<b>Renov - Interest on Construction</b>	2009	30,360						19
20	<b>Trane Condensing Unit</b>	2008	2,626						20
21	<b>Wallcovering</b>	2008	526						21
22	<b>20 Receptacles</b>	2008	5,600						22
23	<b>2 Water Heaters</b>	2008	7,500						23
24	<b>4 Doors</b>	2008	7,820						24
25	<b>2 Water Heaters</b>	2008	39,574						25
26	<b>Renov - Elevator System</b>	2008	67,498						26
27	<b>Renov - Arch &amp; Engineerng Cost, Permit Fees, Plan Reviews</b>	2009	122,882						27
28	<b>Renov - General Overhead Capital</b>	2009	110,321						28
29	<b>Renov - Resilient Flooring, Wallcovering &amp; Corner Guards</b>	2009	15,066						29
30	<b>Fire Alarm Panel</b>	2009	24,985						30
31	<b>Resident Room Flooring</b>	2009	37,952						31
32	<b>Renov - Basic Electrical</b>	2009	13,105						32
33	<b>Concrete Ramp &amp; Steps</b>	2008	10,404						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 9,913,254	\$ 408,627		\$ 408,627	\$	\$ 7,671,692	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

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**XI. OWNERSHIP COSTS (continued)****B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12B, Carried Forward</b>		\$ 9,913,254	\$ 408,627		\$ 408,627	\$	\$ 7,671,692	1
2	Renov - Soil & Concrete Testing	2009	7,197						2
3	Renov - Gen Contractor - Site Prep	2009	96,739						3
4	Paving	2008	38,550						4
5	Concrete Ramp & Steps	2009	6,336						5
6	Renov - Legal Fees pertaining to Easement	2009	30,973						6
7	Renov - Resilient Flooring	2009	13,176						7
8	1st floor corridor handrail	2009	8,946						8
9	Renov - Carpeting & pads	2009	9,276						9
10	Renov - Wallcovering & corner guards	2009	57,481						10
11	steel entrance roof	2009	13,320						11
12	Room 229 flooring	2010	2,976						12
13	HM door	2011	1,725						13
14	pave, stripe, and sealcoat	2010	27,135						14
15	Addition - Arch & Engineering cost	2011	103,173						15
16	Addition - Landscape Design Consultant	2011	87,650						16
17	Addition - Soil Testing	2011	2,311						17
18	Addition - Concrete Testing	2011	2,881						18
19	Addition - Legal Fees, Permit Fees, Water & Sewer Fees	2011	36,870						19
20	Addition - Plan Reviews	2011	3,455						20
21	Addition - General Overhead Capital & Interest on Constr	2011	123,627						21
22	Addition - General Contractor	2011	931,924						22
23	Addition - Carpeting & Pads	2011	25,808						23
24	Addition - Wallcovering & Corner Guards	2011	15,850						24
25	Cold water line in Break Room	2011	1,950						25
26	remote annunciator panel	2011	6,330						26
27	Painting exterior handrails, 4 doors on W, N, E elevations	2011	5,108						27
28	Addition - Additional Concrete Testing	2011	27,129						28
29	door	2011	1,840						29
30	Addition - Landscaping	2011	3,500						30
31	Addition - Carpeting tiles	2011	956						31
32	exterior painting	2011	16,300						32
33	exterior HM Door	2011	2,785						33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 11,626,528	\$ 408,627		\$ 408,627	\$	\$ 7,671,692	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

Facility Name &amp; ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14

Ending:

05/31/15

## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	<b>Totals from Page 12C, Carried Forward</b>		\$ 11,626,528	\$ 408,627		\$ 408,627	\$	\$ 7,671,692	1
2	Ceiling in Heritage Corridor	2011	7,647						2
3	Renov - Accoustical Ceiling Tiles in all Mechanical Rooms	2011	61,498						3
4	CIRCUIT BREAKER UPDATE	2012	13,719						4
5	EXTERIOR PATIO	2012	15,737						5
6	HOT WATER HEATER	2012	8,840						6
7									7
8	<b>2nd Flr Corridor, Lounge, &amp; Nurses Station Renovations:</b>								8
9	Carpentry on New Nurses' station in 2nd flr corridor	2012	158,060						9
10	Carpeting/ Wallcovering, Corner Guards for 2nd								10
11	flr corridor renovation of nurses' station and lounge	2012	20,484						11
12	Electrical for 2nd flr corridor renov nsg station, lounge	2012	36,560						12
13	Intrusion Detection System for 2nd flr corridor renov	2012	8,185						13
14	floor drain in kitchen	2013	5,198						14
15	kitchen ceiling	2013	17,307						15
16	new / upgraded dishwasher area	2013	30,900						16
17	stainless corners for kitchen area	2013	9,934						17
18	janitors closet replacment in kitchen	2013	13,818						18
19	2 ext doors - employee and svc doors	2013	12,829						19
20	smoke wall upgrades - tent lights on 2nd & 3rd floors, new access hatch to attic in								20
21	Arcadia Unit. Install 5 EZ path devices at dbl drs	2013	18,587						21
22	electrical upgrades - for new 120V EM recpt/feeds : Admin Ofc, BOM, 2nd flr DON Ofc,								22
23	2nd/3rd flr Med Rms and 2nd/3rd flr Kiosks	2014	5,946						23
24	corridor carpet - Heritage Unit	2014	2,498						24
25	Heritage Corridor / Lounge carpeting	2014	4,195						25
26	North East parking lot lighting electrical upgrades	2014	10,195						26
27	roof gable end access door	2014	3,841						27
28	replace bad NW pole feed wiring	2014	9,024						28
29	Grand Heritage Library-firestop from dr to ext wall. Firestopping @ 1st flr E stairwell								29
30	& 3rd flr stairwell @ amokewall btwn lounge & rm 227	2014	26,516						30
31	relocate 8 circuits from life safety panel EMA to critical branch panel								31
32	ENBL	2014	2,329						32
33									33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 12,130,375	\$ 408,627		\$ 408,627	\$	\$ 7,671,692	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 12,130,375	\$ 408,627		\$ 408,627	\$	\$ 7,671,692	1
2	fire springler in laundry & relocate 2 smoke detectors-2nd/3rd flr nurses stations.								2
3	Install fire damper on 2nd flr O2 rm	2014	4,366						3
4	instal 2 Return Pumps	2014	3,461						4
5	East egress pathway lighting	2015	12,728						5
6	fire damper 2nd flr next to smoke wall	2015	2,684						6
7	stone for landscaping around bldg	2014	3,960						7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 12,157,575	\$ 408,627		\$ 408,627	\$	\$ 7,671,692	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 3,216,922	\$ 195,573	\$ 195,573	\$		\$ 2,908,596	71
72	Current Year Purchases	51,169						72
73	Fully Depreciated Assets							73
74	Home Office Depreciation			28,727	28,727			74
75	TOTALS	\$ 3,268,091	\$ 195,573	\$ 224,300	\$ 28,727		\$ 2,908,596	75

D. Vehicle Costs. (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Residents	1995 Goshen GHS		\$ 17,000	\$	\$	\$		\$ 17,000	76
77		Paratransit								77
78										78
79										79
80	TOTALS			\$ 17,000	\$	\$	\$		\$ 17,000	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 16,042,857	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 604,200	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 632,927	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 28,727	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 10,597,288	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning: 06/01/14

Ending: 05/31/15

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease: \_\_\_\_\_

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? \_\_\_\_\_

If NO, see instructions.

YES  NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	<b>TOTAL</b>				\$			7

10. Effective dates of current rental agreement:

Beginning \_\_\_\_\_

Ending \_\_\_\_\_

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
--	--------------------	-------------

12. \_\_\_\_\_ /2016 \$ \_\_\_\_\_

13. \_\_\_\_\_ /2017 \$ \_\_\_\_\_

14. \_\_\_\_\_ /2018 \$ \_\_\_\_\_

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized \_\_\_\_\_  
by the length of the lease \_\_\_\_\_.

9. Option to Buy:  YES  NO Terms: \_\_\_\_\_ \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental? \_\_\_\_\_

YES  NO

16. Rental Amount for movable equipment: \$ 54,502 Description: O2 Concentrators, Wheelchairs, Geri Chairs, Elec. Beds, etc.

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	<b>TOTAL</b>		\$	\$	21

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Manorcare of Palos Hts East # 0049478 Report Period Beginning: 06/01/14 Ending: 05/31/15  
**XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)**

**A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)**

<p><b>1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?</b></p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p><b>2. CLASSROOM PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>	<p><b>3. CLINICAL PORTION:</b></p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER CNA _____</p>
---	---	--

**B. EXPENSES**

**ALLOCATION OF COSTS (d)**

		Facility			Total
		1	2	3	
		Drop-outs	Completed	Contract	
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	CNA Competency Tests				
9	<b>TOTALS</b>	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

**C. CONTRACTUAL INCOME**

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

**D. NUMBER OF CNAs TRAINED**

<b>COMPLETED</b>		
1. From this facility		
2. From other facilities (f)		
<b>DROP-OUTS</b>		
1. From this facility		
2. From other facilities (f)		
<b>TOTAL TRAINED</b>		

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2		3	4		5	6	7	8
			Staff		Cost	Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service			Units	Cost				
1	Licensed Occupational Therapist	10a	21666	hrs	\$ 893,141		\$	3,415	21,666	\$ 896,556	1
2	Licensed Speech and Language Development Therapist	10a	8949	hrs	368,903			37	8,949	368,940	2
3	Licensed Recreational Therapist			hrs							3
4	Licensed Physical Therapist	10a	28102	hrs	1,158,446			21,099	28,102	1,179,545	4
5	Physician Care			visits							5
6	Dental Care			visits							6
7	Work Related Program			hrs							7
8	Habilitation			hrs							8
9	Pharmacy	39, 2		# of prescripts				1,229,995		1,229,995	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)			hrs							10
11	Academic Education			hrs							11
12	Other (specify): <u>Inhal Thrpst/ IV Ther</u>	10a, 3 & 43, 2	400		16,470			167,704	400	184,174	12
13	Other (specify): <u>X-Ray/Lab</u>	43, 3					258,013			258,013	13
14	TOTAL				\$ 2,436,960		\$ 258,013	\$ 1,422,250	59,117	\$ 4,117,223	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

Facility Name & ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning: 06/01/14

Ending:

05/31/15

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 05/31/15 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1	2	
		Operating	After Consolidation*	
<b>A. Current Assets</b>				
1	Cash on Hand and in Banks	\$ 19,379	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (481,345) )	3,332,152		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	6,118		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,357,649	\$	10
<b>B. Long-Term Assets</b>				
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	600,191		13
14	Buildings, at Historical Cost	12,157,574		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	3,285,091		16
17	Accumulated Depreciation (book methods)	(10,597,288)		17
18	Deferred Charges	27,955,575		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify) <u>OMIT</u>	46,992		22
23	Other(specify):			23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 33,448,135	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 36,805,784	\$	25

		1	2	
		Operating	After Consolidation*	
<b>C. Current Liabilities</b>				
26	Accounts Payable	\$ 183,967	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	981,879		30
31	Accrued Taxes Payable (excluding real estate taxes)	454,830		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
<b>Other Current Liabilities(specify):</b>				
36	<u>Accrued Payables</u>	294,490		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 1,915,166	\$	38
<b>D. Long-Term Liabilities</b>				
39	Long-Term Notes Payable	3,102,852		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
<b>Other Long-Term Liabilities(specify):</b>				
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 3,102,852	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 5,018,018	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 31,787,766	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 36,805,784	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	<b>Balance at Beginning of Year, as Previously Reported</b>	\$ 32,588,576	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	<b>Balance at Beginning of Year, as Restated (sum of lines 1-5)</b>	\$ 32,588,576	6
<b>A. Additions (deductions):</b>			
7	NET Income (Loss) (from page 19, line 43)	3,967,287	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ 3,967,287	17
<b>B. Transfers (Itemize):</b>			
18	<b>Change in Interdivision</b>	(4,768,097)	18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$ (4,768,097)	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 31,787,766	24 *

\* This must agree with page 17, line 47.

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

**Note:** This schedule should show gross revenue and expenses. Do not net revenue against expense.

		1		
I. Revenue		Amount		
<b>A. Inpatient Care</b>				
1	Gross Revenue -- All Levels of Care	\$ 30,286,428	1	
2	Discounts and Allowances for all Levels	(18,447,155)	2	
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	<b>\$ 11,839,273</b>	3	
<b>B. Ancillary Revenue</b>				
4	Day Care		4	
5	Other Care for Outpatients		5	
6	Therapy	14,876,402	6	
7	Oxygen		7	
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	<b>\$ 14,876,402</b>	8	
<b>C. Other Operating Revenue</b>				
9	Payments for Education		9	
10	Other Government Grants		10	
11	CNA Training Reimbursements		11	
12	Gift and Coffee Shop	2,546	12	
13	Barber and Beauty Care	28,996	13	
14	Non-Patient Meals	975	14	
15	Telephone, Television and Radio		15	
16	Rental of Facility Space		16	
17	Sale of Drugs	2,489,095	17	
18	Sale of Supplies to Non-Patients		18	
19	Laboratory	218,938	19	
20	Radiology and X-Ray	274,699	20	
21	Other Medical Services	37,147	21	
22	Laundry		22	
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	<b>\$ 3,052,396</b>	23	
<b>D. Non-Operating Revenue</b>				
24	Contributions		24	
25	Interest and Other Investment Income***		25	
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	<b>\$</b>	26	
<b>E. Other Revenue (specify):****</b>				
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27	
28	<b>Activity Income &amp; Purchase Discount</b>	2,640	28	
28a			28a	
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	<b>\$ 2,640</b>	29	
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	<b>\$ 29,770,711</b>	30	

		2		
II. Expenses		Amount		
<b>A. Operating Expenses</b>				
31	General Services	1,841,381	31	
32	Health Care	10,677,567	32	
33	General Administration	5,180,211	33	
<b>B. Capital Expense</b>				
34	Ownership	6,226,890	34	
<b>C. Ancillary Expense</b>				
35	Special Cost Centers	1,680,996	35	
36	Provider Participation Fee	196,428	36	
<b>D. Other Expenses (specify):</b>				
37			37	
38			38	
39			39	
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	<b>\$ 25,803,473</b>	40	
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	<b>3,967,238</b>	41	
42	<b>Income Taxes</b>		42	
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	<b>\$ 3,967,238</b>	43	

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 1,324,069	44
45	Private Pay - Net Inpatient Revenue	731,194	45
46	Medicare - Net Inpatient Revenue	8,723,387	46
47	Other-(specify) <u>Hospice</u>	164,521	47
48	Other-(specify) <u>Insurance</u>	896,102	48
49	<b>TOTAL Inpatient Care Revenue (This total must agree to Line 3)</b>	<b>\$ 11,839,273</b>	49

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? \_\_\_\_\_ If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Manorcare of Palos Hts East

# 0049478

Report Period Beginning:

06/01/14

Ending:

05/31/15

**XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	961	1,035	\$ 49,975	\$ 48.29	1
2	Assistant Director of Nursing	7,241	7,800	296,431	38.00	2
3	Registered Nurses	75,724	81,567	2,598,405	31.86	3
4	Licensed Practical Nurses	22,255	23,973	686,995	28.66	4
5	CNAs & Orderlies	127,815	137,834	1,653,847	12.00	5
6	CNA Trainees	0	0	0		6
7	Licensed Therapist	62,527	67,354	2,776,565	41.22	7
8	Rehab/Therapy Aides	50,713	54,629	1,447,360	26.49	8
9	Activity Director	9,151	9,864	121,864	12.35	9
10	Activity Assistants					10
11	Social Service Workers	12,986	13,995	289,256	20.67	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	19,515	21,029	265,357	12.62	15
16	Dishwashers					16
17	Maintenance Workers	3,751	4,043	81,252	20.10	17
18	Housekeepers	19,789	21,323	231,066	10.84	18
19	Laundry	6,847	7,379	77,640	10.52	19
20	Administrator	2,080	2,080	158,152	76.03	20
21	Assistant Administrator	1,449	1,449	41,801	28.85	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	27,158	29,390	562,354	19.13	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	4,020	4,331	67,324	15.54	31
32	Other Health Care(specify)					32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	453,982	489,075	\$ 11,405,644 *	\$ 23.32	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

**B. CONSULTANT SERVICES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	\$		35	
36	Medical Director	Monthly	27,750	9, 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant				44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	\$	27,750		49

**C. CONTRACT NURSES**

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses	906	\$ 57,051	10, 3	50
51	Licensed Practical Nurses				51
52	Certified Nurse Assistants/Aides				52
53	TOTAL (lines 50 - 52)	906	\$ 57,051		53



XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1	N/A	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20	<b>TOTALS</b>	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Manorcare of Palos Hts East# 0049478

Report Period Beginning:

06/01/14

Ending:

05/31/15**XX. GENERAL INFORMATION:**

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES  
If YES, give association name and amount. ICHA \$3,969 & AHCA \$2,622
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? YES  
What was the average life used for new equipment added during this period? 5-10 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 73,767 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? YES  
If YES, give effective date of lease. 04/07/11
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 196,428  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ N/A Has any meal income been offset against related costs? YES Indicate the amount. \$ 975
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? NO  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? N/A  
d. Have vehicle usage logs been maintained? N/A  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? N/A  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
**g. Does the facility transport residents to and from day training? NO**  
**Indicate the amount of income earned from providing such transportation during this reporting period.** \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? NO  
Firm Name: \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) Has a schedule for the legal fees reported on the cost report been provided by the facility? See page 39 of the instructions for details. NO  
Attach invoices and a summary of services for all architect and appraisal fees.